

REMEMBER TO DOWNLOAD
THE REQUIRED JOB SPECIFIC
SUPPLEMENTAL QUESTIONNAIRE
WHICH MUST BE SUBMITTED
WITH YOUR APPLICATION.

SUPPLEMENTAL QUESTIONNAIRES
CAN BE FOUND AT:

lincoln.ne.gov/city/person/jobltrs.htm

CLICK ON THE JOB TITLE TO RECEIVE
THE REQUIRED SUPPLEMENTAL QUESTIONNAIRE.

CITY OF LINCOLN & LANCASTER COUNTY



Employment Office
County / City Building
555 South 10th Street, Room 107, Lincoln, NE 68508
402-441-7597

APPLICATION FOR EMPLOYMENT

JOB LINE: (402) 441-7736
Internet: lincoln.ne.gov/city/person/
E-Mail: jobs@lincoln.ne.gov



SEPARATE APPLICATIONS AND JOB SPECIFIC SUPPLEMENTAL QUESTIONNAIRES ARE REQUIRED FOR EACH POSITION.

Resumes cannot be used as a substitute for an application or a supplemental questionnaire.

Application and supplemental questionnaire must be submitted by U. S. Mail or in person.

Applying for Position: Title

Requisition Number

INSTRUCTIONS TO APPLICANT: Type or print legibly in completing all pages of this application. Please **SIGN LAST PAGE**. The application and any attachments become the property of the Lancaster County / City of Lincoln.

1. NAME: Last First Middle	2. TELEPHONE: Home	3. TELEPHONE: Work
4. ADDRESS: Number & Street Apt No.		5. EMAIL ADDRESS:
6. CITY	7. STATE	8. ZIP
9. SOCIAL SECURITY NUMBER (Used for computer retrieval only) - - -	10. Are you under age 18? YES ____ NO ____	11. Types of Employment Desired: Full-time ____ Part-time ____ Temporary ____ Date Available:
12. Are you a United States Citizen? YES ____ NO ____ If you are not a citizen, give the number of your permanent resident card or work permit:		

Employment Office Use Only

Test	Score	Date

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES

13. Have you ever been convicted of any violation of law other than a minor traffic violation?

Yes ____ No ____ If yes please explain below: List ALL convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) including convictions that have been set aside, or pardoned. Minor traffic violation (i.e., parking ticket, speeding ticket) do not need to be listed.

Date: Charges: City/State:

Date: Charges: City/State:

Explanation:

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

Social Security Number:

Last Name:

Last Name: _____

14. Do any of your relatives work in a supervisory position for:

City of Lincoln: YES ____ NO ____

Lancaster County: YES ____ NO ____

If yes, give names & departments:

15. Have you ever worked for:

City of Lincoln: YES ____ NO ____

Lancaster County: YES ____ NO ____

If yes, give dates & departments:

MILITARY DUTY

16. Have you ever served on Active Duty in the U. S. Armed Forces? YES ____ NO ____

Dates: From:

To:

Branch of Service:

Type of Discharge:

Do you claim Veteran's Preference? YES ____ NO ____

* If yes please see below:

Primary Duties:

To receive veteran's preference, you must submit a copy of your DD 214 Form with your application by the closing date, and have served for more than 90 consecutive days during one of the following periods: April 6, 1917-Nov. 11, 1918; Dec. 7, 1941-Dec. 31, 1946; June 25, 1950-Jan. 31, 1955; Aug. 5, 1964-May 7, 1975 (or in Republic of Vietnam between Feb 28, 1961 and May 7, 1975); Aug. 25, 1982-Feb. 26, 1984 (Lebanon); Oct. 23, 1983-Nov. 21, 1983 (Granada); Dec. 20, 1989-Dec. 31, 1990 (Panama); Aug. 2, 1990-continuing (Persian Gulf) (and any other legally designated periods), and discharged under honorable conditions.

EDUCATIONAL RECORD

17. **Select** Highest Grade Completed: 8 9 10 11 12 13 14 15 16 17 18

18. **Name of High School Attended:**

Address:

Did you graduate: YES ____ NO ____ or obtain equivalent GED: YES ____ NO ____

19. **Vocational Education (Business School, Trades School, Service Schools, ETC.)**

Name & Location	Dates Attended From To		Courses of Study	Diploma or Cert. Received	Credit Hours Earned

20. **College and University (Undergraduate, Graduate, Professional)**

Name & Location	Dates Attended From To		Courses of Study	Diploma or Cert. Received	Credit Hours Earned

21. **Professional Licenses/Certificates**

Name	License Number	Date earned

Last Name: _____

EMPLOYMENT/VOLUNTEER RECORD

Job# 1

Present or Last Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving					

Job# 2

Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving					

Job# 3

Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving					

Last Name: _____

Job# 4

Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per	Total Time Employed: Yrs. Mos.		
What were your duties?					
Reason for leaving					

Job# 5

Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per	Total Time Employed: Yrs. Mos.		
What were your duties?					
Reason for leaving					

Job# 6

Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State	Zip	Date Started: Mo. Yr	Date Left: Mo. Yr	
Number of Hours Worked per Week:	Pay at Start: per	Pay at End: per	Total Time Employed: Yrs. Mos.		
What were your duties?					
Reason for leaving					

Last Name: _____

Job# 7

Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number			
City:		State	Zip	Date Started: Mo. Yr		Date Left: Mo. Yr	
Number of Hours Worked per Week:		Pay at Start: per		Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?							
Reason for leaving							

Job# 8

Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number			
City:		State	Zip	Date Started: Mo. Yr		Date Left: Mo. Yr	
Number of Hours Worked per Week:		Pay at Start: per		Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?							
Reason for leaving							

Job# 9

Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number			
City:		State	Zip	Date Started: Mo. Yr		Date Left: Mo. Yr	
Number of Hours Worked per Week:		Pay at Start: per		Pay at End: per		Total Time Employed: Yrs. Mos.	
What were your duties?							
Reason for leaving							

Last Name: _____

Please Read Before Signing

EQUAL OPPORTUNITY EMPLOYERS

The City of Lincoln and Lancaster County are Equal Opportunity Employers and, therefore, do not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age, marital status or veteran's status and any other legally protected status.

Note: The City of Lincoln and Lancaster County do not discriminate on the basis of disability status in their programs or activities as it regards:

- 1) admission or access to programs or activities; or
- 2) treatment or employment in their programs or activities.

The following people have been designated to coordinate compliance with the non-discrimination requirements in § 51.55 of the revenue sharing regulations:

City of Lincoln:	Affirmative Action Officer	Lancaster County:	Chief Administrative Officer
	440 South 8 th Street, Suite 101		555 South 10 th Street
	Lincoln, NE 68508		Lincoln, NE 68508

APPLICANT STATEMENT

I understand that:

- any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- as a CONDITION OF EMPLOYMENT, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.
- if I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a CONDITION OF EMPLOYMENT.
- all City/County employees, regardless of status, are subject to Reasonable Suspicion, Return to Duty, and unannounced Follow-up Drug and Alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- all City/County employees are required to be included under a faithful performance bond, and therefore, must meet the established criteria for coverage on file in the Personnel Department.
- if hired, probationary, temporary and unclassified employees have no rights to regular or status employment or appeal rights, if terminated.

SEPARATE APPLICATIONS ARE REQUIRED FOR EACH VACANT POSITION, INCLUDING THOSE WITH THE SAME TITLE. PHOTOCOPIES OF THE JOB APPLICATION ARE PERMITTED.

THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.

OFFICIAL OATH: If hired I solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Nebraska, and that I will faithfully and impartially discharge the duties of the position according to law and to the best of my ability.

THIS APPLICATION **MUST BE SIGNED AND DATED** FOR CONSIDERATION OF EMPLOYMENT.

SIGNATURE _____

DATE _____

Supplemental questionnaires are available at: lincoln.ne.gov/city/person/jobltrs.htm

END OF APPLICATION

City of Lincoln/Lancaster County - Equal Employment Opportunity Survey
(For Statistical Use Only)

To All Applicants:

The following information will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of population and in the validation of our selection methods, for the purpose of Federal Equal Employment Opportunity reporting. Please give us your cooperation by completing this **voluntary** questionnaire.

Name _____ Birth date _____ SSN _____ Date _____

Instructions: Please circle **only one** number for each question below.

A. What sex are you?

1. Male
2. Female

B. What is your age?

1. 19 or less 3. 30 - 39 5. 50 - 59 7. 70 or over
2. 20 - 29 4. 40 - 49 6. 60 - 69

C. What is the highest level of education you have attained?

1. 0 - 8 years
2. 9 - 12 years but not a high school graduate
3. High School graduate or GED
4. Post-high school vocational or business school training
5. College, less than B.A. or B.S. degree
6. B.A., or B.S., or similar degree
7. M.S., or similar professional degree
8. Ph.D., J.D., L.L.B., or similar professional degree
9. M.D., or similar professional degree

D. Of which racial/ethnic group do you consider yourself a member?

1. American Indian/Native American
2. Black/African American
3. Asian or Pacific Islander
4. Hispanic/Latino
5. White

E. How did you file this application?

1. In person
2. U. S. Mail
3. Other: _____

F. How did you learn about this job?

1. Nebraska Workforce Development
2. TAAB
3. Job Line
4. School
5. City or County employee
6. Newspaper or professional periodical
7. County-City Building bulletin board
8. Agency representing minorities/women/
disabled/aged
9. Internet

G. Military Service

1. Not a Veteran
2. Yes - Veteran
3. Yes - Vietnam Era Veteran
4. Yes - Disabled Veteran

(This section will be completed by Personnel)

H. Job Categories

- | | | | |
|----------------------------|-----------------------|----------------------|------------------------|
| 1. Official/Administrative | 3. Technical | 5. Para-Professional | 7. Skilled Craft |
| 2. Professional | 4. Protective Service | 6. Office/Clerical | 8. Service Maintenance |

Let us keep "TAAB" of you!

For "City" positions: lincoln.ne.gov/city/person/city/cilist.htm
For "County" positions: lincoln.ne.gov/city/person/county/colist.htm

If you are a racial/ethnic minority, female, age 40/over or disabled, you are invited to participate in our Talent Affirmative Action Bank. TAAB is one of many activities the City and County take to meet Affirmative Action goals.

Please complete the form below. When openings occur which are open to the public within the next six months that match those specified 4-digit classification numbers you have indicated, we will notify you of the open recruitment period so you can file an application and supplemental questionnaire. DO NOT list job categories. Refer to the web address provided above for the correct position titles & 4 digit class numbers required to complete in the table below.

For further information contact the City/County Employment Office. Additional forms are available upon request.

Class Title	4- Digit Class Number	City	County

Important Facts about Information on your Application

This application is to assist with referring you to City and County departments for possible employment. Certain information requested on the application is private. Below is clarification as to why we ask for the information.

Private Data	Why We Ask for It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide it.
Social Security Number	Computer retrieval. To distinguish you from all other applicants; and to make processing more efficient.	No	Retrieval for consideration of positions you have shown an interest in may be difficult. It also helps to ensure that we do not confuse your record with others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may cause rejection of your application.
Address	To be able to send employment information and other notices.	No	Failure to provide information will cause non-receipt of notices and employment information.
Telephone number where you can be reached or receive messages	To be able to contact you to determine availability for interview.	Yes	We may not be able to employ you in certain jobs where you may be required to come to work on short notice. Will cause substantial delay in evaluating your application and may have a negative impact on your securing a position on short notice.
Conviction Record	To determine whether we may legally consider an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law.
Citizenship	To determine if we may legally consider an application.	Yes	Certain jobs require U. S. citizenship. ALL jobs require individuals have the legal right to work in this country according to federal regulations.
Relatives	No member of the immediate family of any supervisor will be employed in that supervisor's department or division, except with written approval.	Yes	Failure to provide information may be cause for rejection of your application, based upon rules of City and County codes.
Previously employed by the City or County	Computer retrieval. Evaluate your personnel record.	Yes	Retrieval of your personnel record for consideration based upon past City/County work performance. Failure to provide this information would be considered falsification.

Explanation of the Equal Employment Opportunity Survey Usage

Sex, Age Group, Racial/Ethnic Group, Disability Status, Veteran Status.	To be able to make Equal Opportunity reports as required by law and to provide affirmative action in City/County service.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
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Racial/Ethnic Group Identification

1. American Indian or Native American. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	2. Black/African American (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.	3. Asian or Pacific Islanders. All persons having origins in any of the original peoples of Southeast Asian, Far East, Indian Subcontinent or the Pacific Islands. For example: China, Philippine Islands, Samoa, Japan and Korea.	4. Hispanic/Latino. All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race	5. White (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
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